Entry Blank—Please Type or Print Cage (D

	7
Ms./Artist Mr./Artist	ULIE FRIEDMAN
Permanent 00 1	(last name last)
Address 2215	LANDERHAVENCT
Street	MAYAELOHTSCITY OHIO
44124	Daytime Tel. (216) 461-000
Zip ,	area
Temporary or	
Studio Address	Street City
	Daytime Tel. ( )
Zip	area
If you do not presently liv Reserve, in which county v	e in one of the counties of the Western vere you born?
Collaborator (if any)	
Artist will pick up at N  Museum should dispos  Museum should ship to  Stree	e of. o artist at artist's expense:
City	State Zip
Special Instruction	s.
•	oleted in full and signed; forms receiv€d unsigned will not
When necessary, include in object.	nstructions or a drawing for assembling and displaying
that the Museum shall dis	or both delivery and return of objects. It is understood spose for its own account any objects not picked up by is also understood that accepted objects will remain on 990.
The submission of obje of all terms and conditi	cts will be construed as an acceptance by the artist ons printed herein.
Signature	re Fredman
I have received the unsold	/unaccepted object(s) in good condition.
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## **Entry Blanks**

Detach entire portion along dotted line and submit with slides, but retain tags

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Materials used (med	dia):					
ETCH	1NG					
Title ~ A Do	MESTI	J LA	11050	CAPE	/	
Price or NFS 250 50		Insurance Value if NFS Only		Size \S'X 2H" height x width x depth		
	GRAPHICS	AND PHO	TOGRAPH	Y ONLY		
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NOT ACCEPTED	7 7 4				TED	DATE

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